Case Studies

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Case Study 1

Customer Profile

Customer Name: Heart Centre of The Oranges

Providers: 14

Nurse Practioners: 6

MA and Administrative Staff: 20

Service Locations: 7

Active Charts: Approximately 50,000

Specialty: Cardiology and Internal medicine

Brief on the Practice

Heart Centre of The Oranges is a privately owned busy practice with 14 providers and 6 NPs and a total MA and administrative staff of 20. The practice has 7 service locations in and around Orange, NJ. The practice sees around an average of 150 patients a day between the 7 service locations. The practice has around 50,000 active charts.

Heart Centre of Oranges EHR selection Criteria

Dr. Rajjiah Jitendra, principal of Heart Centre of Oranges, was convinced the potential benefits of Electronic Medical Record could bring to the practice both in terms of achieving the clinical objectives of the practice and as well as the administrative goals.

Dr. Rajjiah Jitendra had set the parameters under which the various EMR systems will be evaluated. On the top the list was a unified platform i.e. a EMR system which has the HER and the PMS as one unified system. Second on the list was it had to be a hosted service as their experience with their on the premise practice management system was not the best.

The clinical goal centered around addressing the need of high quality patient care and service and patient safety. The administrative goals was to attain high practice efficiency and improved and efficient revenue cycle management.
The other objectives included:
- An easy to use EHR system which will be adopted without hesitance from the providers, NPs and Administrative staff
- The system must meet all the meaningful stage 1 requirements
- The vendors ability to support smooth implementation and transition to the new platform , training and initial hand holding till the various users are comfortable

Selection Process

Heart center of the oranges, evaluated more than 10 vendors applying the criteria they have set. A total of 3 months was spent thoroughly evaluating each vendor's offer and the decision

to select EHI' MDnet was purely based on the merit of the system and the biggest contributing factor was the intimate knowledge of EHI's staff industry knowledge and the implementation and go-live methodology.

Implementation Process

The budget for the implementation of the system was finalized. This included the software, services, maintenance, staff training and other miscellaneous costs. A well-structured project team was formed comprising of members from both clinical and executive departments to guide and monitor the process of implementation.

The planning phase, involved the development of a project charter that had the strategic vision of the project followed by the project overview, goals and objectives to be achieved. An important outcome of this phase was the project plan document that clearly stated the assigned tasks for the vendor, along with realistic timelines.

Before starting the implementation process, there were two important phases namely the culture change process and process re-engineering that fork off of the next step, current electronic health record system preparation.

There were numerous challenges that had to be overcome before the actual phase of implementation. A banal challenge was the general inertia for change and some of the reasons for this overall resistance were attributed to the process and work flow modifications involved with a new system as well as the huge learning associated with this. These were effectively handled by the culture change process phase. Proper communication was a key factor for the success of this phase. The multi-specialty surgical center had several lines of communication to address the above mentioned issues through internal newsletters, drop boxes, weekly meetings (focus group, one-one) and rapid response e-mails. Simultaneously the process re-engineering phase focused on improving the operational efficiency of the facility's existing system. This was accomplished by analyzing the problems within the current workflows in the facility and later tailored to address the inefficiencies and pain points. Some of the areas were patient work flow, point of care documentation, office communication and communication with registries and central agencies.

As part of the implementation a Go Live date was agreed, beyond which the old system would be available only for reference purposes. The facility was advised to take proper backup of the old data. Finally the implementation phase of the product started with the billing department followed by the front office and finally the medical office. The approach was "slow roll" integration that lasted for almost 4 months. In this process, the facility worked closely with the EHI to develop tailored systems that will cater to the specified functionality based on the individual department's needs. During this period EHI also supported structured data migration.

The facility believed in "Leadership from the top" and this was crucial for the successful implementation of the product into their system. The 2 key factors for the successful implementation are, a solid project manager with strong project management skills and a clearly defined project charter that had set the expectations for both EHI and the

facility. The project plan was realistic which helped the facility to plan things well in advance in order to meet the deadlines.

The facility also devised subjective ways to evaluate the success of implementation. This was accomplished by patient and staff feedbacks and post-implementation survey from the stakeholders of the facility. This was followed by monthly newsletters which was part of constant forward communication. Utmost care was taken to validate the integrity of data after the completion of data migration into the new systems. As part of evaluation, the level of understanding of the users was studied to determine the need for any additional training.

Some of the continuous improvement programs that the facility adopted were to constantly compare the goals identified within the project charter and address the short comings by answering questions such as, evaluate the expected benefits and to see how realistic they are, assessing the effectiveness of implementation, steps to take to realize the project vision and goals and improvements and enhancements that can be made to increase the overall efficiency of the new system. As part of improvements the vendor releases patches or upgrades to the system every quarter that fixes issues/bugs and also bundles new features or enhancement requests. These upgrades are however not specific to the customer but to the product as a whole.

All the above mentioned steps taken by the facility, culminated into a successful HCIS implementation. The facility seemed very happy about the structured training program and the strong leadership from top enabled them to achieve their goals.

Improvements

The Heart Centre of the Oranges attained high efficiency in the following areas:

- ❖ Improved patient encounter documentation leading to quality patient care.
- ❖ High rate of patient safety
- ❖ Adoption of Electronic Lab interface enabled resulted in timely receipt of result s which in turn improved patient communication
- ❖ Number of patients seen increase
- ❖ Patient chart was accurately maintained and preventive care was made possible
- ❖ Due to the unified platform (HER and PMS) , the billing was more accurate and the claim submission errors was almost eliminated.
- ❖ Patient Portal enabled patients to communicate with the providers more effectively
- ❖ Revenue Cycle Management improved almost 5 folds
- ❖ Patient satisfaction

Case Study: 2

Customer Profile

Customer Name: Goyal and Natarajan M.D. LLC

Providers: 2

Nurse Practioners: 0

MA and Administrative Staff: 2

Service Locations: 1

Active Charts: Approximately 5,000

Specialty: Internal medicine & Geriatrics

This practice implemented EHR and Practice Management Solution from EHI almost 18 months back. One of the early adapters who embraced the Electronic Health Records platform sooner than later and have continued to use it efficiently.

Today the practice is almost paperless and the clinical as well as financials (claims and billing) is operating smoothly.

Over a period of time, the Physicians have been able to use EHR exclusively for clinical documentation purposes; and the physician training was conducted at their own pace with the physicians documenting the last patient of the day and slowly progressing towards documenting 100% of the patient visits over a 90 day period.